

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 1

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	191	334	210	623	329	561	296	186	
PART 2	PERSONAL INJURY PROTECTION								
	105	147	147	254	147	229	132	114	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	247	411	323	796	515	716	464	270
	10,000	320	533	419	1032	668	929	602	350
	15,000	324	539	424	1044	676	939	609	354
	25,000	329	547	430	1059	685	953	618	359
	35,000	333	554	435	1073	694	965	625	364
	50,000	338	563	442	1090	705	980	635	370
	100,000	341	567	445	1098	710	987	640	372
	250,000	345	575	452	1113	720	1001	649	377
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	22	50	32	78	46	70	41	22
	20/50	24	54	34	85	50	76	44	24
	25/50	35	73	47	120	69	108	61	34
	25/60	37	77	49	127	72	114	65	37
	35/80	62	123	78	211	117	190	105	62
	50/100	88	169	107	295	162	266	145	86
	100/300	156	292	184	520	282	468	253	153
	250/500	278	511	322	919	496	827	445	272

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	631	1117	670	2040	1127	1836	1014	695
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	188	188	188	188	188	188	188	188
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
76	134	80	245	135	220	122	83	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 2

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	207	365	240	679	372	611	335	201	
PART 2	PERSONAL INJURY PROTECTION								
	106	156	156	269	158	242	142	114	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	289	452	347	885	535	797	482	293
	10,000	375	586	450	1148	694	1034	625	380
	15,000	379	593	455	1161	702	1046	632	384
	25,000	385	602	462	1178	712	1061	642	390
	35,000	390	609	468	1193	721	1074	650	395
	50,000	396	619	475	1212	732	1091	660	401
	100,000	399	623	479	1220	738	1099	665	404
	250,000	404	632	485	1237	748	1114	674	410
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	23	53	38	88	48	79	43	22
	20/50	25	57	41	96	52	86	47	24
	25/50	37	78	55	134	73	120	66	35
	25/60	39	82	57	142	77	127	69	38
	35/80	67	132	91	234	128	210	115	64
	50/100	94	183	124	326	178	293	160	91
	100/300	168	316	213	571	313	514	281	162
	250/500	299	555	372	1008	552	907	497	290

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	588	1116	665	2097	1047	1887	942	653
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	188	188	188	188	188	188	188	188
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
71	134	80	252	126	226	113	78	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 3

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	230	382	273	772	418	695	376	217	
PART 2	PERSONAL INJURY PROTECTION								
	126	170	170	301	175	271	158	134	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	300	470	368	897	634	807	571	348
	10,000	389	610	477	1163	822	1047	741	451
	15,000	394	617	483	1177	832	1059	749	457
	25,000	399	626	490	1194	844	1074	760	463
	35,000	404	634	496	1209	855	1088	770	469
	50,000	411	643	504	1228	868	1105	782	476
	100,000	414	648	507	1237	874	1113	787	480
	250,000	419	657	514	1254	886	1128	798	487
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	25	55	39	98	59	88	53	24
	20/50	28	59	42	107	64	96	57	26
	25/50	40	81	58	150	88	135	79	38
	25/60	43	86	61	159	92	143	83	41
	35/80	73	138	98	263	150	237	135	70
	50/100	104	190	136	368	207	331	186	99
	100/300	186	330	236	646	360	581	323	176
	250/500	331	579	413	1142	631	1028	568	313

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	695	1283	823	2347	1260	2112	1134	752
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	217	217	217	217	217	217	217	217
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
83	154	99	282	151	253	136	90	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 4

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	262	430	299	908	516	817	464	245	
PART 2	PERSONAL INJURY PROTECTION								
	133	178	178	341	207	307	186	144	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	303	461	343	933	594	840	535	313
	10,000	393	598	445	1210	770	1089	694	406
	15,000	398	605	450	1224	779	1102	702	411
	25,000	403	614	457	1242	791	1118	712	417
	35,000	408	621	462	1258	801	1132	721	422
	50,000	415	631	470	1277	813	1150	732	428
	100,000	418	636	473	1287	819	1158	738	432
	250,000	424	644	480	1304	830	1174	748	438
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	28	65	45	113	68	102	61	25
	20/50	31	70	48	123	74	111	66	28
	25/50	45	95	66	174	103	157	93	41
	25/60	48	100	69	184	109	166	98	44
	35/80	83	159	110	307	179	277	161	76
	50/100	118	218	152	430	249	387	224	109
	100/300	211	377	262	756	436	681	392	195
	250/500	376	659	458	1338	769	1205	691	349

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	736	1337	838	2434	1305	2191	1175	705
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	203	203	203	203	203	203	203	203
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
88	160	101	292	157	263	141	85	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 5

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	263	422	331	896	543	806	489	262	
PART 2	PERSONAL INJURY PROTECTION								
	135	179	179	336	210	302	189	147	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	321	483	379	917	617	825	555	325
	10,000	416	626	492	1189	800	1070	720	422
	15,000	421	634	497	1203	810	1082	728	426
	25,000	427	643	504	1221	821	1098	739	433
	35,000	433	651	511	1236	832	1112	748	438
	50,000	439	661	519	1255	845	1129	760	445
	100,000	443	666	523	1265	851	1138	765	448
	250,000	449	675	530	1282	863	1153	776	454
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	28	63	48	113	71	102	64	31
	20/50	31	68	52	123	77	111	70	34
	25/50	45	92	71	174	108	156	97	49
	25/60	48	97	75	184	114	166	103	52
	35/80	83	155	120	305	188	275	169	87
	50/100	118	213	165	426	261	383	235	122
	100/300	211	369	287	749	458	674	412	216
	250/500	377	645	503	1324	808	1192	728	383

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	704	1231	745	2173	1294	1956	1165	666
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	221	221	221	221	221	221	221	221
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
84	148	89	261	155	235	140	80	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 6

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	287	492	327	1008	620	907	558	271	
PART 2	PERSONAL INJURY PROTECTION								
	142	202	202	384	235	346	212	153	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	321	471	376	987	656	888	590	343
	10,000	416	611	488	1280	851	1152	765	445
	15,000	421	618	493	1295	861	1165	774	450
	25,000	427	627	500	1314	873	1182	785	457
	35,000	433	635	507	1330	884	1197	795	462
	50,000	439	645	515	1351	898	1216	808	470
	100,000	443	650	519	1361	905	1225	814	473
	250,000	449	658	526	1380	917	1241	825	480
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	28	73	48	126	84	113	76	32
	20/50	31	79	52	137	91	123	82	35
	25/50	47	107	71	194	126	174	114	50
	25/60	50	113	74	205	133	184	120	53
	35/80	88	180	119	341	218	307	196	90
	50/100	126	248	164	478	302	429	273	126
	100/300	226	429	284	840	528	756	475	223
	250/500	406	751	498	1487	929	1337	837	396

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	755	1397	840	2380	1403	2142	1263	726
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	227	227	227	227	227	227	227	227
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
91	168	101	286	168	257	152	87	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 7

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	273	453	336	1024	604	922	544	263	
PART 2	PERSONAL INJURY PROTECTION								
	138	215	215	381	229	343	206	148	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	350	536	440	995	686	896	617	366
	10,000	454	695	571	1291	890	1162	800	475
	15,000	459	703	577	1305	900	1176	810	480
	25,000	466	713	586	1324	913	1193	821	487
	35,000	472	723	593	1341	925	1208	832	493
	50,000	479	734	602	1362	939	1227	845	501
	100,000	483	739	607	1372	946	1236	851	505
	250,000	489	749	615	1391	959	1253	863	512
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	29	66	48	131	82	118	74	28
	20/50	32	71	52	143	89	128	80	31
	25/50	47	97	71	200	123	180	111	45
	25/60	50	102	75	212	130	191	117	48
	35/80	86	165	121	350	212	316	191	83
	50/100	123	227	167	489	295	440	266	118
	100/300	219	393	290	859	514	773	463	211
	250/500	391	689	509	1517	905	1366	816	377

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	813	1461	925	2513	1552	2262	1397	838
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	235	235	235	235	235	235	235	235
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
98	175	111	302	186	271	168	101	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 8

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	318	510	368	1089	689	980	620	299	
PART 2	PERSONAL INJURY PROTECTION								
	163	214	214	411	264	370	238	176	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	341	529	429	981	709	883	638	350
	10,000	442	686	556	1272	920	1145	827	454
	15,000	447	694	563	1287	930	1158	837	459
	25,000	454	704	571	1306	944	1175	849	466
	35,000	460	713	578	1322	956	1190	860	472
	50,000	467	724	587	1343	971	1209	873	479
	100,000	470	729	592	1353	978	1218	880	483
	250,000	477	740	600	1371	991	1234	892	489
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	33	73	52	137	91	123	82	32
	20/50	37	79	56	149	99	134	89	35
	25/50	54	108	77	211	138	189	124	52
	25/60	58	114	81	223	146	200	131	55
	35/80	100	184	132	370	239	333	215	95
	50/100	142	254	182	517	333	465	300	135
	100/300	254	440	317	909	582	818	524	241
	250/500	454	773	556	1608	1027	1447	924	429

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	826	1483	1047	2484	1592	2236	1433	750
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	244	244	244	244	244	244	244	244
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
99	178	126	298	191	268	172	90	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 9

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	357	565	425	1165	709	1049	638	345	
PART 2	PERSONAL INJURY PROTECTION								
	196	260	260	480	286	432	257	211	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	369	529	435	1059	711	953	640	383
	10,000	479	686	564	1374	922	1236	830	497
	15,000	484	694	571	1389	933	1250	840	502
	25,000	491	704	579	1410	946	1268	852	510
	35,000	497	713	586	1428	958	1285	863	516
	50,000	505	724	596	1450	973	1305	876	524
	100,000	509	729	600	1460	980	1314	883	528
	250,000	516	740	608	1480	994	1332	895	535
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	39	85	60	146	95	131	86	39
	20/50	43	92	65	159	103	143	93	43
	25/50	63	124	89	225	143	202	129	62
	25/60	67	131	94	238	151	214	137	66
	35/80	114	209	152	395	248	355	224	112
	50/100	162	287	210	552	344	497	310	158
	100/300	288	495	366	972	602	874	542	281
	250/500	514	865	642	1719	1060	1547	955	500

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	779	1342	901	2324	1445	2092	1301	829
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	230	230	230	230	230	230	230	230
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
93	161	108	279	173	251	156	99	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 10

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	344	633	441	1188	782	1069	704	338	
PART 2	PERSONAL INJURY PROTECTION								
	186	280	274	483	303	435	273	205	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	333	523	426	1056	754	950	679	330
	10,000	432	678	553	1370	978	1232	881	428
	15,000	437	686	559	1385	989	1246	891	433
	25,000	443	696	567	1406	1004	1264	904	439
	35,000	449	705	574	1423	1016	1281	915	445
	50,000	456	716	583	1446	1032	1301	930	452
	100,000	459	721	587	1456	1040	1310	936	455
	250,000	466	731	596	1476	1054	1328	949	461
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	37	87	66	145	106	131	95	36
	20/50	41	94	71	158	115	143	103	40
	25/50	60	130	96	225	159	203	143	58
	25/60	64	137	101	238	168	215	151	62
	35/80	109	224	162	398	275	359	247	107
	50/100	155	310	223	558	381	503	343	152
	100/300	277	541	385	985	665	887	598	272
	250/500	494	951	674	1745	1172	1571	1054	485

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	854	1487	928	2518	1605	2266	1445	833
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	259	259	259	259	259	259	259	259
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
102	178	111	302	193	272	173	100	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 11

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	369	796	496	1284	869	1156	782	407	
PART 2	PERSONAL INJURY PROTECTION								
	195	322	284	494	324	445	292	224	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	373	591	445	1095	719	986	647	371
	10,000	484	767	577	1420	933	1279	839	481
	15,000	489	775	584	1437	943	1294	849	487
	25,000	496	787	592	1457	957	1312	861	494
	35,000	503	797	600	1476	969	1329	872	500
	50,000	511	809	609	1499	984	1350	886	508
	100,000	514	815	614	1510	992	1360	892	512
	250,000	521	826	622	1531	1005	1378	905	519
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	41	108	66	152	112	137	101	43
	20/50	45	117	72	166	122	150	110	48
	25/50	66	162	100	238	171	215	154	70
	25/60	70	171	105	253	181	228	163	75
	35/80	119	280	173	425	298	383	269	129
	50/100	168	388	240	597	416	538	375	183
	100/300	299	678	420	1057	730	952	657	327
	250/500	533	1193	740	1875	1289	1689	1161	583

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	766	1468	898	2168	1440	1951	1296	763
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	264	264	264	264	264	264	264	264
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
92	176	108	260	173	234	156	92	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 12

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	377	655	497	1201	881	1081	793	365	
PART 2	PERSONAL INJURY PROTECTION								
	195	279	279	472	339	425	305	211	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	385	594	435	1144	783	1030	705	447
	10,000	499	770	564	1484	1016	1336	914	580
	15,000	505	779	571	1501	1027	1351	925	586
	25,000	512	791	579	1523	1042	1371	938	595
	35,000	519	801	586	1542	1055	1388	950	603
	50,000	527	813	596	1566	1072	1410	965	612
	100,000	531	819	600	1578	1080	1420	972	616
	250,000	538	830	608	1599	1095	1440	986	625
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	40	94	71	152	117	137	105	45
	20/50	44	101	77	166	127	149	114	49
	25/50	65	139	105	233	177	210	159	70
	25/60	69	146	111	247	187	222	168	74
	35/80	119	236	179	409	307	368	276	123
	50/100	169	326	247	571	426	515	383	172
	100/300	303	566	429	1004	746	904	671	303
	250/500	540	993	753	1776	1315	1599	1183	537

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	869	1583	987	2284	1655	2056	1490	891
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	284	284	284	284	284	284	284	284
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
104	190	118	274	199	247	179	107	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 13

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	407	712	512	1172	850	1055	765	399	
PART 2	PERSONAL INJURY PROTECTION								
	218	321	295	471	337	424	303	235	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	383	563	438	1083	740	975	666	394
	10,000	497	730	568	1405	960	1265	864	511
	15,000	502	739	575	1421	971	1279	874	517
	25,000	510	749	583	1441	985	1298	886	524
	35,000	516	759	590	1460	998	1314	898	531
	50,000	524	771	600	1483	1013	1335	912	539
	100,000	528	776	604	1493	1020	1345	918	543
	250,000	535	787	612	1514	1035	1363	931	551
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	43	106	73	144	114	130	103	45
	20/50	48	114	79	157	124	142	112	49
	25/50	70	155	108	223	172	201	155	72
	25/60	75	163	114	236	181	213	164	76
	35/80	129	261	184	394	297	355	268	129
	50/100	183	360	254	552	413	497	372	183
	100/300	327	621	442	973	721	877	650	325
	250/500	583	1088	775	1723	1271	1552	1145	578

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	944	1487	1127	2470	1728	2223	1555	929
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	318	318	318	318	318	318	318	318
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
113	178	135	296	207	267	187	111	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 14

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	477	817	596	1091	877	982	789	479	
PART 2	PERSONAL INJURY PROTECTION								
	260	392	325	446	364	401	328	281	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	456	640	552	1287	861	1158	775	454
	10,000	591	830	716	1669	1117	1502	1005	589
	15,000	598	840	724	1689	1130	1519	1017	596
	25,000	607	852	735	1713	1146	1541	1032	604
	35,000	615	863	744	1735	1161	1561	1045	612
	50,000	624	876	756	1762	1179	1585	1061	622
	100,000	629	883	761	1775	1187	1597	1069	626
	250,000	637	895	772	1799	1204	1619	1083	635
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	52	121	85	153	122	138	110	52
	20/50	57	130	92	165	132	149	119	57
	25/50	84	177	126	228	182	205	164	84
	25/60	89	187	133	240	192	216	173	89
	35/80	153	299	214	389	312	351	281	153
	50/100	216	412	296	539	432	485	389	217
	100/300	385	712	514	937	751	844	676	387
	250/500	687	1247	902	1646	1321	1482	1189	689

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1134	1875	1418	2650	2056	2385	1850	1121
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	303	303	303	303	303	303	303	303
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
136	225	170	318	247	286	222	135	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 15

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	517	859	573	1092	903	983	813	496	
PART 2	PERSONAL INJURY PROTECTION								
	270	395	304	435	369	392	332	277	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	430	709	476	1212	818	1091	736	443
	10,000	558	920	617	1572	1061	1415	955	575
	15,000	564	930	625	1590	1073	1431	966	581
	25,000	572	944	634	1613	1089	1452	980	590
	35,000	580	956	642	1634	1103	1471	992	597
	50,000	589	971	652	1659	1120	1494	1008	606
	100,000	593	978	656	1671	1128	1504	1015	611
	250,000	601	991	665	1694	1144	1525	1029	619
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	59	127	82	141	121	127	109	57
	20/50	65	137	89	153	131	138	118	63
	25/50	94	186	121	215	182	194	164	90
	25/60	99	196	128	227	193	205	174	96
	35/80	168	314	206	375	316	338	284	162
	50/100	238	433	285	523	438	471	395	228
	100/300	422	748	495	918	766	826	690	405
	250/500	750	1310	868	1621	1350	1459	1215	721

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1374	2369	1662	3027	2460	2724	2214	1231
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	394	394	394	394	394	394	394	394
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
165	284	199	363	295	327	266	148	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 16

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	491	927	820	1146	955	1031	860	489	
PART 2	PERSONAL INJURY PROTECTION								
	292	425	389	456	428	410	385	297	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	427	696	483	1208	769	1087	692	484
	10,000	554	903	626	1567	997	1410	898	628
	15,000	560	913	634	1585	1009	1426	908	635
	25,000	568	926	643	1608	1024	1447	921	644
	35,000	576	938	651	1628	1037	1465	933	652
	50,000	585	953	661	1654	1053	1488	947	663
	100,000	589	960	666	1666	1060	1499	954	667
	250,000	597	973	675	1689	1075	1520	967	677
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	71	128	108	151	131	136	118	74
	20/50	77	139	117	164	142	148	128	80
	25/50	105	191	164	229	196	206	177	108
	25/60	110	202	173	242	207	218	186	113
	35/80	178	328	284	397	337	358	304	181
	50/100	245	455	396	553	468	498	421	249
	100/300	425	793	693	968	815	871	734	429
	250/500	745	1394	1222	1707	1434	1536	1292	750

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1143	2075	1382	2804	1989	2524	1790	1230
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	540	540	540	540	540	540	540	540
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$5								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
137	249	166	336	239	303	215	148	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 17

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	388	711	471	1169	755	1052	680	407	
PART 2	PERSONAL INJURY PROTECTION								
	209	292	281	459	335	413	302	242	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	388	597	519	1206	738	1085	664	422
	10,000	503	774	673	1564	957	1407	861	547
	15,000	509	783	681	1582	968	1424	871	554
	25,000	516	795	691	1605	982	1444	884	562
	35,000	523	805	700	1626	995	1463	895	569
	50,000	531	817	711	1651	1010	1485	909	578
	100,000	535	823	716	1663	1018	1496	916	582
	250,000	542	835	726	1686	1032	1517	928	590
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	40	95	63	152	96	137	86	42
	20/50	44	103	68	165	105	149	94	46
	25/50	66	143	95	231	147	208	132	69
	25/60	70	151	100	244	156	220	140	73
	35/80	121	248	164	403	258	363	232	127
	50/100	173	345	229	562	360	506	323	181
	100/300	310	603	399	984	632	886	569	325
	250/500	554	1062	704	1737	1117	1564	1005	581

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	971	1863	1225	2735	1767	2462	1590	935
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	235	235	235	235	235	235	235	235
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
117	224	147	328	212	295	191	112	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 18

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	442	952	599	1347	1015	1212	914	487	
PART 2	PERSONAL INJURY PROTECTION								
	247	393	317	501	406	451	365	293	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	425	654	511	1264	841	1138	757	476
	10,000	551	848	663	1639	1091	1476	982	617
	15,000	558	858	670	1658	1103	1493	993	625
	25,000	566	870	680	1682	1119	1515	1008	634
	35,000	573	882	689	1704	1134	1534	1020	642
	50,000	582	895	700	1730	1151	1558	1036	652
	100,000	586	902	705	1743	1160	1569	1044	656
	250,000	594	914	714	1767	1176	1591	1058	665
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	54	127	81	167	134	150	121	60
	20/50	59	138	88	182	145	164	131	65
	25/50	84	192	122	258	203	232	183	93
	25/60	89	203	129	273	214	245	193	98
	35/80	148	332	210	455	352	409	318	164
	50/100	208	461	292	636	490	572	442	230
	100/300	366	807	509	1121	858	1008	773	405
	250/500	649	1422	897	1984	1513	1784	1363	716

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	986	1745	1162	2336	1689	2102	1520	1066
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	415	415	415	415	415	415	415	415
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
118	209	139	280	203	252	182	128	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 19

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	478	883	635	1224	921	1102	829	515	
PART 2	PERSONAL INJURY PROTECTION								
	251	394	327	474	365	427	329	292	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	388	643	513	1136	795	1022	716	392
	10,000	503	834	665	1473	1031	1326	929	508
	15,000	509	844	673	1490	1043	1341	939	514
	25,000	516	856	683	1512	1058	1360	953	522
	35,000	523	867	692	1531	1072	1378	965	528
	50,000	531	880	702	1555	1088	1399	980	537
	100,000	535	887	707	1567	1096	1409	987	541
	250,000	542	899	717	1588	1111	1429	1001	548
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	57	123	85	156	129	140	116	63
	20/50	62	133	92	170	140	152	125	69
	25/50	89	183	128	239	192	215	173	98
	25/60	94	193	135	253	203	227	182	103
	35/80	159	314	222	418	329	376	296	173
	50/100	223	435	308	584	455	525	409	242
	100/300	394	757	539	1025	791	922	711	427
	250/500	699	1330	949	1812	1389	1630	1250	757

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	994	1765	1270	2257	1815	2031	1634	990
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	432	432	432	432	432	432	432	432
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
119	212	152	271	218	244	196	119	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 20

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	483	1031	652	1295	1030	1166	927	576	
PART 2	PERSONAL INJURY PROTECTION								
	272	448	335	469	431	422	388	324	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	403	717	449	1213	879	1092	791	536
	10,000	523	930	582	1573	1140	1416	1026	695
	15,000	529	941	589	1591	1153	1433	1038	703
	25,000	536	954	598	1615	1170	1453	1053	713
	35,000	543	967	605	1635	1185	1472	1066	723
	50,000	552	982	615	1661	1203	1495	1083	734
	100,000	556	989	619	1673	1212	1506	1091	739
	250,000	563	1002	628	1696	1229	1527	1106	749
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	60	142	90	159	135	143	122	74
	20/50	65	154	97	174	147	156	132	81
	25/50	93	212	135	246	205	222	185	113
	25/60	98	224	142	261	217	235	195	120
	35/80	163	365	231	435	356	392	321	198
	50/100	228	506	320	610	496	549	447	276
	100/300	402	881	557	1075	869	968	783	484
	250/500	712	1550	980	1904	1533	1714	1381	854

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1013	1812	1314	2356	1859	2120	1673	1277
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	383	383	383	383	383	383	383	383
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
122	217	158	283	223	254	201	153	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 21

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	606	1099	883	1154	1097	1039	987	757	
PART 2	PERSONAL INJURY PROTECTION								
	318	448	388	421	434	379	391	345	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	493	783	591	1346	942	1211	848	411
	10,000	639	1016	767	1746	1222	1571	1100	533
	15,000	647	1027	775	1766	1236	1589	1113	539
	25,000	656	1042	787	1792	1254	1612	1129	547
	35,000	665	1055	797	1814	1270	1632	1143	554
	50,000	675	1072	809	1843	1290	1658	1161	563
	100,000	680	1080	815	1856	1299	1670	1169	567
	250,000	689	1095	826	1882	1317	1693	1186	575
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	83	145	123	159	154	143	139	94
	20/50	90	157	133	172	167	155	150	103
	25/50	124	220	183	238	229	214	207	145
	25/60	131	232	193	251	242	226	218	154
	35/80	214	381	314	408	392	368	353	256
	50/100	297	531	435	566	542	509	488	358
	100/300	517	929	757	986	942	888	848	630
	250/500	910	1638	1330	1735	1655	1561	1490	1115

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1259	2178	1782	2912	2408	2621	2167	1459
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	456	456	456	456	456	456	456	456
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$5							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
151	261	214	349	289	315	260	175	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 22

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	599	1099	795	1137	1023	1023	921	710	
PART 2	PERSONAL INJURY PROTECTION								
	317	448	357	415	410	374	369	337	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	511	806	548	1344	917	1210	825	449
	10,000	663	1045	711	1743	1189	1569	1070	582
	15,000	670	1057	719	1763	1203	1588	1082	589
	25,000	680	1073	729	1789	1221	1611	1098	598
	35,000	689	1086	739	1812	1236	1631	1112	605
	50,000	700	1103	750	1840	1255	1656	1129	615
	100,000	705	1111	756	1853	1265	1669	1138	619
	250,000	714	1127	766	1879	1282	1692	1153	628
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	83	148	108	159	142	143	128	88
	20/50	90	160	117	172	154	155	138	96
	25/50	124	223	162	237	212	213	191	136
	25/60	131	235	171	250	224	225	201	144
	35/80	213	385	280	405	363	365	327	240
	50/100	294	535	388	561	503	504	453	335
	100/300	513	934	677	975	876	878	789	591
	250/500	901	1644	1192	1714	1540	1542	1387	1046

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1198	2052	1680	2600	2293	2340	2064	1555
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	479	479	479	479	479	479	479	479
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$5								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
144	246	202	312	275	281	248	187	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 23

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	457	883	617	1342	915	1208	824	463	
PART 2	PERSONAL INJURY PROTECTION								
	245	378	311	504	358	454	322	275	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	396	657	424	1235	712	1112	641	460
	10,000	514	852	550	1602	923	1442	831	597
	15,000	520	862	556	1620	934	1459	841	604
	25,000	527	874	564	1644	948	1480	853	612
	35,000	534	886	572	1665	960	1499	864	620
	50,000	542	899	580	1691	975	1522	878	630
	100,000	546	906	585	1703	982	1533	884	634
	250,000	554	918	593	1727	995	1555	896	643
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	45	127	80	160	114	144	103	51
	20/50	50	137	87	175	124	158	112	56
	25/50	75	188	122	250	176	225	159	82
	25/60	80	198	129	265	186	239	168	87
	35/80	140	319	212	445	310	401	279	149
	50/100	201	440	296	626	433	563	390	210
	100/300	361	763	519	1106	762	996	687	375
	250/500	647	1339	916	1962	1349	1766	1215	668

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	960	1754	1394	2370	1853	2133	1668	1079
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	389	389	389	389	389	389	389	389
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
115	210	167	284	222	256	200	129	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 24

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	405	768	496	1146	780	1031	702	398	
PART 2	PERSONAL INJURY PROTECTION								
	219	352	296	463	318	417	286	242	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	414	727	547	1239	812	1115	731	409
	10,000	537	943	709	1607	1053	1446	948	530
	15,000	543	954	718	1626	1065	1463	959	537
	25,000	551	968	728	1649	1081	1484	973	544
	35,000	558	980	737	1670	1095	1503	985	551
	50,000	567	995	749	1696	1112	1526	1001	560
	100,000	571	1003	754	1709	1120	1538	1008	564
	250,000	579	1016	765	1732	1135	1559	1022	572

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	951	1775	1291	2402	1821	2162	1639	958
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	282	282	282	282	282	282	282	282
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3							

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
114	213	155	288	219	259	197	115	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 25

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	408	887	523	1175	852	1058	767	459	
PART 2	PERSONAL INJURY PROTECTION								
	216	363	288	465	343	419	309	254	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	418	760	499	1237	885	1113	797	505
	10,000	542	986	647	1604	1148	1444	1034	655
	15,000	548	997	655	1623	1161	1460	1046	663
	25,000	556	1012	664	1646	1178	1481	1061	672
	35,000	563	1024	673	1667	1193	1500	1074	681
	50,000	572	1040	683	1693	1212	1524	1091	691
	100,000	576	1048	688	1706	1220	1535	1099	696
	250,000	584	1062	698	1729	1237	1556	1114	706
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	50	131	74	151	120	136	108	53
	20/50	55	141	80	164	130	148	117	58
	25/50	77	192	110	231	178	208	161	84
	25/60	82	202	116	244	188	220	169	89
	35/80	137	324	187	403	305	363	274	150
	50/100	192	447	259	562	421	506	379	212
	100/300	339	772	450	986	732	888	659	376
	250/500	600	1353	790	1742	1286	1569	1158	667

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1008	1836	1388	2395	1919	2156	1727	1054
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	430	430	430	430	430	430	430	430
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
121	220	167	287	230	259	207	126	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 26

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	492	900	687	1079	979	971	881	460	
PART 2	PERSONAL INJURY PROTECTION								
	266	405	341	437	391	393	352	286	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	452	713	539	1252	862	1127	776	457
	10,000	586	925	699	1624	1118	1462	1006	593
	15,000	593	935	707	1643	1131	1479	1018	600
	25,000	602	949	717	1666	1147	1500	1033	608
	35,000	609	961	727	1688	1162	1519	1046	616
	50,000	619	976	738	1714	1180	1543	1062	626
	100,000	623	983	743	1727	1189	1554	1070	630
	250,000	632	997	754	1750	1205	1576	1085	639
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	58	122	91	147	131	132	118	59
	20/50	64	132	99	159	142	143	128	64
	25/50	91	183	138	221	198	198	178	90
	25/60	97	194	145	233	209	209	188	95
	35/80	163	316	239	380	342	342	308	158
	50/100	229	439	332	527	475	474	428	220
	100/300	405	766	581	919	830	827	747	386
	250/500	718	1348	1025	1618	1463	1456	1317	682

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1465	2309	1917	2900	2517	2610	2265	1609
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	510	510	510	510	510	510	510	510
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$5								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300									
CLASS									
10	17	18	20	21	25	26	30		
176	277	230	348	302	313	272	193		
COLLISION - Waiver of Deductible Charges									
\$300 Deductible..... \$25				\$500 Deductible..... \$36					

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 27

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	183	305	202	614	305	553	275	187	
PART 2	PERSONAL INJURY PROTECTION								
	95	129	129	239	137	215	123	111	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	258	394	309	773	495	696	446	253
	10,000	335	511	401	1003	642	903	578	328
	15,000	338	517	405	1014	649	913	585	332
	25,000	343	524	411	1029	659	926	594	337
	35,000	348	531	417	1042	667	938	601	341
	50,000	353	539	423	1058	678	953	611	346
	100,000	356	543	426	1066	683	960	615	349
	250,000	361	551	432	1081	692	973	624	354
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	20	45	28	76	42	68	38	22
	20/50	22	49	30	83	45	74	41	24
	25/50	32	66	42	117	63	105	57	35
	25/60	34	70	44	124	66	111	60	37
	35/80	59	112	72	207	108	186	97	62
	50/100	83	154	99	290	150	261	135	87
	100/300	148	266	173	511	261	459	235	154
	250/500	264	465	304	904	458	813	414	273

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	634	1167	715	2092	1147	1883	1032	685
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	190	190	190	190	190	190	190	190
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
76	140	86	251	138	226	124	82	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 40

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	471	818	598	1292	895	1163	806	459	
PART 2	PERSONAL INJURY PROTECTION								
	282	375	311	493	403	444	363	274	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	317	549	394	1044	657	940	591	338
	10,000	411	712	511	1354	852	1219	767	438
	15,000	416	720	517	1370	862	1233	775	443
	25,000	422	731	524	1390	874	1251	787	450
	35,000	427	740	531	1407	886	1267	797	456
	50,000	434	752	539	1429	899	1287	809	463
	100,000	437	757	543	1440	906	1296	815	466
	250,000	443	768	551	1460	918	1314	826	473
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	46	113	81	156	120	140	108	48
	20/50	51	122	88	170	130	153	117	53
	25/50	77	169	122	243	181	218	163	78
	25/60	82	178	129	257	191	231	172	83
	35/80	144	290	210	431	313	388	282	144
	50/100	206	402	291	605	435	544	391	205
	100/300	372	700	509	1068	759	961	684	367
	250/500	666	1230	896	1894	1338	1704	1205	656

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	804	1433	1016	2162	1554	1946	1399	821
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	304	304	304	304	304	304	304	304
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
96	172	122	259	186	234	168	99	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 41

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	437	717	574	1163	872	1047	785	449	
PART 2	PERSONAL INJURY PROTECTION								
	240	342	312	474	366	427	329	268	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	315	534	388	996	666	896	599	411
	10,000	409	693	503	1292	864	1162	777	533
	15,000	413	701	509	1307	874	1176	786	539
	25,000	419	711	516	1326	886	1193	797	547
	35,000	425	720	523	1343	898	1208	807	554
	50,000	431	731	531	1364	912	1227	820	563
	100,000	434	736	535	1373	918	1236	826	567
	250,000	440	747	542	1392	931	1253	837	575
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	43	105	83	145	114	131	103	50
	20/50	48	113	90	158	124	143	112	55
	25/50	72	154	122	223	173	202	156	80
	25/60	77	163	129	237	183	213	165	85
	35/80	134	261	208	394	301	355	272	145
	50/100	192	360	287	550	420	496	378	205
	100/300	345	623	497	969	735	873	662	364
	250/500	619	1091	871	1715	1297	1545	1169	649

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	729	1424	1029	2103	1574	1893	1417	759
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	261	261	261	261	261	261	261	261
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
87	171	123	252	189	227	170	91	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 42

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	606	978	699	1299	1062	1169	956	586	
PART 2	PERSONAL INJURY PROTECTION								
	315	419	341	492	436	443	392	301	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	347	604	443	1072	758	965	682	365
	10,000	450	783	575	1390	983	1252	885	473
	15,000	455	792	581	1406	994	1266	895	479
	25,000	462	804	590	1427	1009	1284	908	486
	35,000	468	814	597	1445	1022	1301	919	492
	50,000	475	827	606	1468	1038	1321	934	500
	100,000	479	833	611	1478	1045	1331	940	503
	250,000	485	844	619	1499	1060	1349	953	510

PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	20/50	25/50	25/60	35/80	50/100	100/300	250/500
	66	73	106	113	194	274	489	872
141	152	208	219	354	488	846	1484	
94	102	142	150	245	340	594	1046	
159	174	246	261	436	611	1078	1909	
141	153	213	225	370	514	899	1585	
143	156	222	235	392	550	970	1717	
127	138	192	203	333	463	809	1427	
65	72	104	111	189	267	475	846	

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3				PART 12			
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0	35/80	38	4		
	20/50	32	0	50/100	43	7		
25/50	33	1	100/300	52	23			
25/60	34	1	250/500	61	86			

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	828	1525	1173	2164	1679	1948	1511	898
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	334	334	334	334	334	334	334	334
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
99	183	141	260	201	234	181	108	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 43

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	527	923	657	1207	993	1086	894	565	
PART 2	PERSONAL INJURY PROTECTION								
	265	411	336	464	400	418	360	311	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	504	705	559	1248	917	1123	825	472
	10,000	654	914	725	1619	1189	1457	1070	612
	15,000	661	925	733	1637	1203	1473	1082	619
	25,000	671	938	744	1661	1221	1495	1098	628
	35,000	679	950	754	1682	1236	1514	1112	636
	50,000	690	965	765	1709	1255	1537	1129	646
	100,000	695	972	771	1721	1265	1549	1138	651
	250,000	705	986	781	1745	1282	1570	1153	660
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	59	131	91	155	135	140	122	61
	20/50	65	142	98	169	146	152	132	67
	25/50	94	194	136	237	203	214	183	99
	25/60	100	205	143	250	214	226	193	105
	35/80	170	331	233	414	349	373	315	180
	50/100	241	458	323	577	485	520	437	255
	100/300	428	795	562	1013	846	912	762	455
	250/500	762	1396	989	1789	1489	1611	1341	812

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	935	1656	1239	2250	1843	2025	1659	912
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	366	366	366	366	366	366	366	366
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
112	199	149	270	221	243	199	109	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 44

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	431	822	722	1089	884	980	796	424	
PART 2	PERSONAL INJURY PROTECTION								
	234	372	342	446	359	401	323	260	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	338	595	434	1067	780	960	702	340
	10,000	438	772	563	1384	1012	1245	910	441
	15,000	443	781	569	1400	1023	1260	921	446
	25,000	450	792	578	1420	1038	1278	934	453
	35,000	456	802	585	1438	1051	1294	946	458
	50,000	463	815	594	1461	1068	1314	961	465
	100,000	466	821	598	1471	1076	1324	968	469
	250,000	473	832	607	1492	1090	1342	981	475
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	59	114	94	135	121	122	109	66
	20/50	64	123	102	147	131	133	118	71
	25/50	88	170	143	208	181	188	163	95
	25/60	93	180	151	221	191	199	172	100
	35/80	152	292	249	368	312	331	281	159
	50/100	211	404	347	514	433	464	390	218
	100/300	368	704	608	906	754	816	679	375
	250/500	647	1237	1073	1604	1327	1444	1195	654

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	810	1523	1033	2138	1478	1924	1330	779
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	415	415	415	415	415	415	415	415
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
97	183	124	257	177	231	160	93	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 45

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	628	1023	750	1201	1136	1081	1022	633	
PART 2	PERSONAL INJURY PROTECTION								
	323	436	354	437	450	393	405	331	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	460	677	516	1382	939	1244	845	494
	10,000	597	878	669	1792	1218	1613	1096	641
	15,000	604	888	677	1813	1232	1632	1109	648
	25,000	612	901	687	1839	1250	1656	1125	658
	35,000	620	913	696	1863	1266	1677	1139	666
	50,000	630	927	706	1892	1285	1703	1157	676
	100,000	634	934	712	1906	1295	1715	1165	681
	250,000	643	946	721	1932	1313	1739	1181	691
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	65	144	105	160	154	144	139	70
	20/50	72	156	114	174	167	156	151	77
	25/50	107	214	156	242	231	218	209	112
	25/60	114	226	165	255	244	230	220	119
	35/80	197	366	267	419	399	377	360	204
	50/100	280	506	370	582	554	524	499	288
	100/300	502	879	644	1017	967	916	870	513
	250/500	897	1544	1131	1793	1702	1614	1532	914

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	52	79	102	111	124

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO							
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO							
	PART 3		PART 12		PART 3		PART 12	
	20/40	31	0		35/80	38		4
	20/50	32	0		50/100	43		7
	25/50	33	1		100/300	52		23
25/60	34	1		250/500	61		86	

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1016	1692	1289	2338	1897	2104	1707	1176
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	379	379	379	379	379	379	379	379
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
122	203	155	281	228	252	205	141	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

Model Year/VRG Relativities

COLLISION

VRG	Model Year															2002 & Prior
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	
11	0.746	0.710	0.675	0.639	0.604	0.568	0.533	0.497	0.462	0.426	0.391	0.355	0.332	0.310	0.289	0.270
12	0.771	0.734	0.697	0.661	0.624	0.587	0.551	0.514	0.477	0.440	0.404	0.367	0.343	0.320	0.299	0.279
13	0.797	0.759	0.721	0.683	0.645	0.607	0.569	0.531	0.493	0.455	0.417	0.380	0.354	0.331	0.309	0.288
14	0.825	0.786	0.747	0.707	0.668	0.629	0.590	0.550	0.511	0.472	0.432	0.393	0.367	0.343	0.320	0.299
15	0.855	0.814	0.773	0.733	0.692	0.651	0.611	0.570	0.529	0.488	0.448	0.407	0.380	0.355	0.331	0.309
16	0.884	0.842	0.800	0.758	0.716	0.674	0.632	0.589	0.547	0.505	0.463	0.421	0.393	0.367	0.343	0.320
17	0.915	0.871	0.827	0.784	0.740	0.697	0.653	0.610	0.566	0.523	0.479	0.436	0.407	0.380	0.354	0.331
18	0.947	0.902	0.857	0.812	0.767	0.722	0.677	0.631	0.586	0.541	0.496	0.451	0.421	0.393	0.367	0.343
19	0.981	0.934	0.887	0.841	0.794	0.747	0.701	0.654	0.607	0.560	0.514	0.467	0.436	0.407	0.380	0.355
20	1.014	0.966	0.918	0.869	0.821	0.773	0.725	0.676	0.628	0.580	0.531	0.483	0.451	0.421	0.393	0.367
21	1.050	1.000	0.950	0.900	0.850	0.800	0.750	0.700	0.650	0.600	0.550	0.500	0.467	0.436	0.407	0.380
22	1.087	1.035	0.983	0.932	0.880	0.828	0.776	0.725	0.673	0.621	0.569	0.518	0.483	0.451	0.421	0.393
23	1.125	1.071	1.017	0.964	0.910	0.857	0.803	0.750	0.696	0.643	0.589	0.536	0.500	0.467	0.436	0.407
24	1.164	1.109	1.054	0.998	0.943	0.887	0.832	0.776	0.721	0.665	0.610	0.555	0.518	0.484	0.451	0.421
25	1.205	1.148	1.091	1.033	0.976	0.918	0.861	0.804	0.746	0.689	0.631	0.574	0.536	0.501	0.467	0.436
26	1.247	1.188	1.129	1.069	1.010	0.950	0.891	0.832	0.772	0.713	0.653	0.594	0.555	0.518	0.484	0.451
27	1.292	1.230	1.169	1.107	1.046	0.984	0.923	0.861	0.800	0.738	0.677	0.615	0.574	0.536	0.501	0.467
28	1.337	1.273	1.209	1.146	1.082	1.018	0.955	0.891	0.827	0.764	0.700	0.637	0.594	0.555	0.518	0.484
29	1.383	1.317	1.251	1.185	1.119	1.054	0.988	0.922	0.856	0.790	0.724	0.659	0.615	0.574	0.536	0.500
30	1.431	1.363	1.295	1.227	1.159	1.090	1.022	0.954	0.886	0.818	0.750	0.682	0.637	0.594	0.555	0.518
31	1.481	1.410	1.340	1.269	1.199	1.128	1.058	0.987	0.917	0.846	0.776	0.705	0.658	0.615	0.574	0.536
32	1.534	1.461	1.388	1.315	1.242	1.169	1.096	1.023	0.950	0.877	0.804	0.731	0.682	0.637	0.595	0.555
33	1.587	1.511	1.435	1.360	1.284	1.209	1.133	1.058	0.982	0.907	0.831	0.756	0.706	0.659	0.615	0.574
34	1.642	1.564	1.486	1.408	1.329	1.251	1.173	1.095	1.017	0.938	0.860	0.782	0.730	0.682	0.637	0.594
35	1.700	1.619	1.538	1.457	1.376	1.295	1.214	1.133	1.052	0.971	0.890	0.810	0.756	0.706	0.659	0.615
36	1.760	1.676	1.592	1.508	1.425	1.341	1.257	1.173	1.089	1.006	0.922	0.838	0.783	0.731	0.682	0.637
37	1.821	1.734	1.647	1.561	1.474	1.387	1.301	1.214	1.127	1.040	0.954	0.867	0.810	0.756	0.706	0.659
38	1.886	1.796	1.706	1.616	1.527	1.437	1.347	1.257	1.167	1.078	0.988	0.898	0.839	0.783	0.731	0.682
39	1.952	1.859	1.766	1.673	1.580	1.487	1.394	1.301	1.208	1.115	1.022	0.930	0.868	0.811	0.757	0.706
40	2.019	1.923	1.827	1.731	1.635	1.538	1.442	1.346	1.250	1.154	1.058	0.962	0.898	0.838	0.783	0.731
41	2.090	1.990	1.891	1.791	1.692	1.592	1.493	1.393	1.294	1.194	1.095	0.995	0.929	0.868	0.810	0.756
42	2.163	2.060	1.957	1.854	1.751	1.648	1.545	1.442	1.339	1.236	1.133	1.030	0.962	0.898	0.838	0.783
43	2.239	2.132	2.025	1.919	1.812	1.706	1.599	1.492	1.386	1.279	1.173	1.066	0.996	0.930	0.868	0.810
44	2.317	2.207	2.097	1.986	1.876	1.766	1.655	1.545	1.435	1.324	1.214	1.104	1.031	0.962	0.898	0.839
45	2.398	2.284	2.170	2.056	1.941	1.827	1.713	1.599	1.485	1.370	1.256	1.142	1.067	0.996	0.930	0.868
46	2.482	2.364	2.246	2.128	2.009	1.891	1.773	1.655	1.537	1.418	1.300	1.182	1.104	1.031	0.962	0.898
47	2.569	2.447	2.325	2.202	2.080	1.958	1.835	1.713	1.591	1.468	1.346	1.224	1.143	1.067	0.996	0.930
48	2.659	2.532	2.405	2.279	2.152	2.026	1.899	1.772	1.646	1.519	1.393	1.266	1.182	1.104	1.031	0.962
49	2.751	2.620	2.489	2.358	2.227	2.096	1.965	1.834	1.703	1.572	1.441	1.310	1.224	1.142	1.066	0.996
50	2.847	2.711	2.575	2.440	2.304	2.169	2.033	1.898	1.762	1.627	1.491	1.356	1.266	1.182	1.103	1.030

For the calculation of Rate Relativities for VRG 50, refer to Rule 22 E.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

Model Year/VRG Relativities

COMPREHENSIVE

VRG	Model Year															2002 & Prior
	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	
11	0.636	0.620	0.599	0.578	0.559	0.540	0.522	0.505	0.487	0.471	0.454	0.439	0.424	0.410	0.396	0.383
12	0.667	0.651	0.629	0.607	0.587	0.567	0.548	0.530	0.512	0.494	0.477	0.461	0.445	0.430	0.416	0.402
13	0.699	0.682	0.659	0.636	0.614	0.594	0.574	0.555	0.536	0.518	0.500	0.483	0.466	0.451	0.436	0.421
14	0.734	0.716	0.692	0.668	0.645	0.624	0.603	0.583	0.563	0.543	0.525	0.507	0.490	0.473	0.458	0.442
15	0.770	0.751	0.725	0.701	0.677	0.654	0.632	0.611	0.590	0.570	0.550	0.532	0.514	0.496	0.480	0.463
16	0.808	0.788	0.761	0.735	0.710	0.686	0.663	0.641	0.619	0.598	0.578	0.558	0.539	0.521	0.504	0.486
17	0.847	0.826	0.798	0.771	0.744	0.719	0.695	0.672	0.649	0.627	0.605	0.585	0.565	0.546	0.528	0.510
18	0.889	0.867	0.838	0.809	0.781	0.755	0.730	0.706	0.681	0.658	0.636	0.614	0.593	0.573	0.554	0.535
19	0.931	0.908	0.877	0.847	0.818	0.791	0.765	0.739	0.714	0.689	0.666	0.643	0.621	0.600	0.580	0.560
20	0.978	0.954	0.922	0.890	0.860	0.831	0.803	0.777	0.750	0.724	0.699	0.675	0.653	0.631	0.610	0.589
21	1.025	1.000	0.966	0.933	0.901	0.871	0.842	0.814	0.786	0.759	0.733	0.708	0.684	0.661	0.639	0.617
22	1.075	1.049	1.013	0.979	0.945	0.914	0.883	0.854	0.825	0.796	0.769	0.743	0.718	0.693	0.670	0.647
23	1.129	1.101	1.064	1.027	0.992	0.959	0.927	0.896	0.865	0.836	0.807	0.780	0.753	0.728	0.704	0.679
24	1.183	1.154	1.115	1.077	1.040	1.005	0.972	0.939	0.907	0.876	0.846	0.817	0.789	0.763	0.737	0.712
25	1.240	1.210	1.169	1.129	1.090	1.054	1.019	0.985	0.951	0.918	0.887	0.857	0.828	0.800	0.773	0.747
26	1.301	1.269	1.226	1.184	1.143	1.105	1.068	1.033	0.997	0.963	0.930	0.898	0.868	0.839	0.811	0.783
27	1.364	1.331	1.286	1.242	1.199	1.159	1.121	1.083	1.046	1.010	0.976	0.942	0.910	0.880	0.851	0.821
28	1.430	1.395	1.348	1.302	1.257	1.215	1.175	1.136	1.096	1.059	1.023	0.988	0.954	0.922	0.891	0.861
29	1.500	1.463	1.413	1.365	1.318	1.274	1.232	1.191	1.150	1.110	1.072	1.036	1.001	0.967	0.935	0.903
30	1.574	1.536	1.484	1.433	1.384	1.338	1.293	1.250	1.207	1.166	1.126	1.087	1.051	1.015	0.982	0.948
31	1.650	1.610	1.555	1.502	1.451	1.402	1.356	1.311	1.265	1.222	1.180	1.140	1.101	1.064	1.029	0.993
32	1.731	1.689	1.632	1.576	1.522	1.471	1.422	1.375	1.328	1.282	1.238	1.196	1.155	1.116	1.079	1.042
33	1.815	1.771	1.711	1.652	1.596	1.543	1.491	1.442	1.392	1.344	1.298	1.254	1.211	1.171	1.132	1.093
34	1.904	1.858	1.795	1.734	1.674	1.618	1.564	1.512	1.460	1.410	1.362	1.315	1.271	1.228	1.187	1.146
35	1.997	1.948	1.882	1.817	1.755	1.697	1.640	1.586	1.531	1.479	1.428	1.379	1.332	1.288	1.245	1.202
36	2.094	2.043	1.974	1.906	1.841	1.779	1.720	1.663	1.606	1.551	1.498	1.446	1.397	1.350	1.305	1.261
37	2.198	2.144	2.071	2.000	1.932	1.867	1.805	1.745	1.685	1.627	1.572	1.518	1.466	1.417	1.370	1.323
38	2.303	2.247	2.171	2.096	2.025	1.957	1.892	1.829	1.766	1.705	1.647	1.591	1.537	1.485	1.436	1.386
39	2.416	2.357	2.277	2.199	2.124	2.053	1.985	1.919	1.853	1.789	1.728	1.669	1.612	1.558	1.506	1.454
40	2.533	2.471	2.387	2.305	2.226	2.152	2.081	2.011	1.942	1.875	1.811	1.749	1.690	1.633	1.579	1.525
41	2.657	2.592	2.504	2.418	2.335	2.258	2.182	2.110	2.037	1.967	1.900	1.835	1.773	1.713	1.656	1.599
42	2.787	2.719	2.627	2.537	2.450	2.368	2.289	2.213	2.137	2.064	1.993	1.925	1.860	1.797	1.737	1.678
43	2.922	2.851	2.754	2.660	2.569	2.483	2.401	2.321	2.241	2.164	2.090	2.019	1.950	1.885	1.822	1.759
44	3.065	2.990	2.888	2.790	2.694	2.604	2.518	2.434	2.350	2.269	2.192	2.117	2.045	1.976	1.911	1.845
45	3.214	3.136	3.029	2.926	2.826	2.731	2.641	2.553	2.465	2.380	2.299	2.220	2.145	2.073	2.004	1.935
46	3.371	3.289	3.177	3.069	2.963	2.865	2.769	2.677	2.585	2.496	2.411	2.329	2.250	2.174	2.102	2.029
47	3.536	3.450	3.333	3.219	3.108	3.005	2.905	2.808	2.712	2.619	2.529	2.443	2.360	2.280	2.205	2.129
48	3.708	3.618	3.495	3.376	3.260	3.151	3.046	2.945	2.844	2.746	2.652	2.562	2.475	2.391	2.312	2.232
49	3.889	3.794	3.665	3.540	3.418	3.305	3.195	3.088	2.982	2.880	2.781	2.686	2.595	2.508	2.424	2.341
50	4.080	3.980	3.845	3.713	3.586	3.467	3.351	3.240	3.128	3.021	2.917	2.818	2.722	2.631	2.543	2.456

For the calculation of Rate Relativities for VRG 50, refer to Rule 22 E.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

VRG ASSIGNMENT BY PRICE LIST (RULE 22)

	COLLISION				COMPREHENSIVE	
	Vans/Wagons/Pickups		All Other Vehicles		All Vehicles	
	VRG	Base List Price	VRG	Base List Price	VRG	Base List Price
	11	\$0 - \$8,000	11	\$0 - \$7,000	11	\$0 - \$7,000
12	\$8,001 - \$9,000	12	\$7,001 - \$7,500	12	\$7,001 - \$8,000	
13	\$9,001 - \$10,000	13	\$7,501 - \$8,000	13	\$8,001 - \$9,000	
14	\$10,001 - \$11,000	14	\$8,001 - \$8,500	14	\$9,001 - \$10,000	
15	\$11,001 - \$12,000	15	\$8,501 - \$9,000	15	\$10,001 - \$11,000	
16	\$12,001 - \$13,000	16	\$9,001 - \$9,500	16	\$11,001 - \$12,000	
17	\$13,001 - \$14,000	17	\$9,501 - \$10,000	17	\$12,001 - \$13,000	
18	\$14,001 - \$16,000	18	\$10,001 - \$10,500	18	\$13,001 - \$14,000	
19	\$16,001 - \$18,000	19	\$10,501 - \$11,000	19	\$14,001 - \$15,000	
20	\$18,001 - \$20,000	20	\$11,001 - \$11,500	20	\$15,001 - \$16,000	
21	\$20,001 - \$23,000	21	\$11,501 - \$12,000	21	\$16,001 - \$17,000	
22	\$23,001 - \$26,000	22	\$12,001 - \$13,500	22	\$17,001 - \$18,000	
23	\$26,001 - \$29,000	23	\$13,501 - \$15,000	23	\$18,001 - \$19,000	
24	\$29,001 - \$33,000	24	\$15,001 - \$17,500	24	\$19,001 - \$20,000	
25	\$33,001 - \$37,000	25	\$17,501 - \$20,000	25	\$20,001 - \$22,500	
26	\$37,001 - \$41,000	26	\$20,001 - \$22,500	26	\$22,501 - \$25,000	
27	\$41,001 - \$45,000	27	\$22,501 - \$25,000	27	\$25,001 - \$27,500	
28	\$45,001 - \$49,000	28	\$25,001 - \$27,500	28	\$27,501 - \$30,000	
29	\$49,001 - \$53,000	29	\$27,501 - \$30,000	29	\$30,001 - \$32,500	
30	\$53,001 - \$57,000	30	\$30,001 - \$33,000	30	\$32,501 - \$35,000	
31	\$57,001 - \$61,000	31	\$33,001 - \$36,000	31	\$35,001 - \$37,000	
32	\$61,001 - \$65,000	32	\$36,001 - \$39,000	32	\$37,001 - \$39,000	
33	\$65,001 - \$70,000	33	\$39,001 - \$42,000	33	\$39,001 - \$41,000	
34	\$70,001 - \$75,000	34	\$42,001 - \$45,000	34	\$41,001 - \$43,000	
35	\$75,001 - \$80,000	35	\$45,001 - \$48,000	35	\$43,001 - \$45,000	
36	\$80,001 - \$84,000	36	\$48,001 - \$52,000	36	\$45,001 - \$47,000	
37	\$84,001 - \$88,000	37	\$52,001 - \$56,000	37	\$47,001 - \$49,000	
38	\$88,001 - \$92,000	38	\$56,001 - \$60,000	38	\$49,001 - \$51,000	
39	\$92,001 - \$96,000	39	\$60,001 - \$64,000	39	\$51,001 - \$53,000	
40	\$96,001 - \$100,000	40	\$64,001 - \$68,000	40	\$53,001 - \$55,000	
41	\$100,001 - \$104,000	41	\$68,001 - \$72,000	41	\$55,001 - \$57,000	
42	\$104,001 - \$108,000	42	\$72,001 - \$76,000	42	\$57,001 - \$59,000	
43	\$108,001 - \$112,000	43	\$76,001 - \$80,000	43	\$59,001 - \$61,000	
44	\$112,001 - \$116,000	44	\$80,001 - \$84,000	44	\$61,001 - \$63,000	
45	\$116,001 - \$120,000	45	\$84,001 - \$88,000	45	\$63,001 - \$65,000	
46	\$120,001 - \$125,000	46	\$88,001 - \$92,000	46	\$65,001 - \$67,000	
47	\$125,001 - \$130,000	47	\$92,001 - \$96,000	47	\$67,001 - \$69,000	
48	\$130,001 - \$135,000	48	\$96,001 - \$100,000	48	\$69,001 - \$71,000	
49	\$135,001 - \$140,000	49	\$100,001 - \$105,000	49	\$71,001 - \$73,000	
50	\$140,001 - \$145,000	50	\$105,001 - \$110,000	50	\$73,001 - \$75,000	
VRG 50	Factor 0.020	Maximum Price \$145,000	Factor 0.025	Maximum Price \$110,000	Factor 0.035	Maximum Price \$75,000

For VRG 50 relativities:

- 1) Subtract the Maximum Price above from the Base List Price and divide by \$1000.
- 2) Multiply the amount in Step 1 by the factor above.
- 3) The adjusted VRG relativity is determined by adding the amount from Step 2 to the unadjusted VRG 50 rate relativity.

STATED AMOUNT DIVISORS

COLLISION				COMPREHENSIVE	
Vans/Wagons/Pickups		All Other Vehicles		All Vehicles	
<u>VRG</u>	<u>Divisor</u>	<u>VRG</u>	<u>Divisor</u>	<u>VRG</u>	<u>Divisor</u>
11	\$4,000	11	\$3,500	11	\$3,500
12	\$8,500	12	\$7,250	12	\$7,500
13	\$9,500	13	\$7,750	13	\$8,500
14	\$10,500	14	\$8,250	14	\$9,500
15	\$11,500	15	\$8,750	15	\$10,500
16	\$12,500	16	\$9,250	16	\$11,500
17	\$13,500	17	\$9,750	17	\$12,500
18	\$15,000	18	\$10,250	18	\$13,500
19	\$17,000	19	\$10,750	19	\$14,500
20	\$19,000	20	\$11,250	20	\$15,500
21	\$21,500	21	\$11,750	21	\$16,500
22	\$24,500	22	\$12,750	22	\$17,500
23	\$27,500	23	\$14,250	23	\$18,500
24	\$31,000	24	\$16,250	24	\$19,500
25	\$35,000	25	\$18,750	25	\$21,250
26	\$39,000	26	\$21,250	26	\$23,750
27	\$43,000	27	\$23,750	27	\$26,250
28	\$47,000	28	\$26,250	28	\$28,750
29	\$51,000	29	\$28,750	29	\$31,250
30	\$55,000	30	\$31,500	30	\$33,750
31	\$59,000	31	\$34,500	31	\$36,000
32	\$63,000	32	\$37,500	32	\$38,000
33	\$67,500	33	\$40,500	33	\$40,000
34	\$72,500	34	\$43,500	34	\$42,000
35	\$77,500	35	\$46,500	35	\$44,000
36	\$82,000	36	\$50,000	36	\$46,000
37	\$86,000	37	\$54,000	37	\$48,000
38	\$90,000	38	\$58,000	38	\$50,000
39	\$94,000	39	\$62,000	39	\$52,000
40	\$98,000	40	\$66,000	40	\$54,000
41	\$102,000	41	\$70,000	41	\$56,000
42	\$106,000	42	\$74,000	42	\$58,000
43	\$110,000	43	\$78,000	43	\$60,000
44	\$114,000	44	\$82,000	44	\$62,000
45	\$118,000	45	\$86,000	45	\$64,000
46	\$122,500	46	\$90,000	46	\$66,000
47	\$127,500	47	\$94,000	47	\$68,000
48	\$132,500	48	\$98,000	48	\$70,000
49	\$137,500	49	\$102,500	49	\$72,000
50	\$142,500	50	\$107,500	50	\$74,000

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT COMPREHENSIVE \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
11	3.42	3.42	3.94	3.69	4.02	4.12	4.27	4.43	4.18	4.71	4.80	5.16	5.78	5.51	7.16	9.81	4.27
12	1.67	1.67	1.93	1.81	1.97	2.02	2.09	2.17	2.05	2.30	2.35	2.53	2.83	2.69	3.50	4.80	2.09
13	1.55	1.55	1.78	1.67	1.82	1.87	1.93	2.01	1.89	2.13	2.17	2.34	2.62	2.49	3.24	4.44	1.93
14	1.45	1.45	1.68	1.57	1.71	1.75	1.82	1.89	1.78	2.00	2.04	2.19	2.46	2.34	3.04	4.17	1.82
15	1.38	1.38	1.59	1.49	1.62	1.66	1.72	1.79	1.69	1.90	1.94	2.08	2.33	2.22	2.89	3.96	1.72
16	1.32	1.32	1.52	1.43	1.55	1.59	1.65	1.71	1.62	1.82	1.85	2.00	2.23	2.13	2.77	3.79	1.65
17	1.27	1.27	1.47	1.38	1.50	1.54	1.59	1.65	1.56	1.75	1.79	1.92	2.15	2.05	2.67	3.66	1.59
18	1.24	1.24	1.43	1.34	1.46	1.49	1.55	1.61	1.51	1.71	1.74	1.87	2.09	2.00	2.59	3.56	1.55
19	1.21	1.21	1.39	1.30	1.42	1.46	1.51	1.57	1.48	1.66	1.70	1.82	2.04	1.95	2.53	3.47	1.51
20	1.19	1.19	1.37	1.28	1.39	1.43	1.48	1.54	1.45	1.63	1.67	1.79	2.01	1.91	2.49	3.41	1.48
21	1.17	1.17	1.35	1.26	1.37	1.41	1.46	1.52	1.43	1.61	1.64	1.76	1.98	1.88	2.45	3.35	1.46
22	1.15	1.15	1.33	1.25	1.36	1.39	1.44	1.50	1.41	1.59	1.62	1.74	1.95	1.86	2.42	3.32	1.44
23	1.15	1.15	1.32	1.24	1.35	1.39	1.43	1.49	1.40	1.58	1.61	1.73	1.94	1.85	2.40	3.30	1.43
24	1.14	1.14	1.32	1.23	1.34	1.38	1.43	1.48	1.40	1.57	1.60	1.72	1.93	1.84	2.39	3.28	1.43
25	1.10	1.10	1.27	1.18	1.29	1.32	1.37	1.42	1.34	1.51	1.54	1.66	1.86	1.77	2.30	3.15	1.37
26	1.03	1.03	1.19	1.11	1.21	1.24	1.29	1.34	1.26	1.42	1.45	1.56	1.74	1.66	2.16	2.96	1.29
27	0.98	0.98	1.13	1.05	1.15	1.18	1.22	1.27	1.20	1.35	1.37	1.48	1.65	1.57	2.05	2.81	1.22
28	0.94	0.94	1.08	1.01	1.10	1.13	1.17	1.21	1.14	1.29	1.31	1.41	1.58	1.51	1.96	2.69	1.17
29	0.90	0.90	1.04	0.97	1.06	1.09	1.13	1.17	1.10	1.24	1.27	1.36	1.53	1.45	1.89	2.59	1.13
30	0.88	0.88	1.01	0.95	1.03	1.06	1.10	1.14	1.07	1.21	1.23	1.32	1.48	1.41	1.84	2.52	1.10
31	0.86	0.86	0.99	0.93	1.01	1.04	1.08	1.12	1.05	1.19	1.21	1.30	1.46	1.39	1.81	2.48	1.08
32	0.86	0.86	0.99	0.92	1.01	1.03	1.07	1.11	1.05	1.18	1.20	1.29	1.45	1.38	1.79	2.46	1.07
33	0.85	0.85	0.98	0.92	1.00	1.03	1.07	1.11	1.04	1.18	1.20	1.29	1.44	1.37	1.79	2.45	1.07
34	0.85	0.85	0.98	0.92	1.00	1.03	1.07	1.11	1.04	1.17	1.20	1.29	1.44	1.37	1.79	2.45	1.07
35	0.85	0.85	0.98	0.92	1.00	1.03	1.07	1.11	1.04	1.18	1.20	1.29	1.44	1.38	1.79	2.45	1.07
36	0.86	0.86	0.99	0.92	1.01	1.03	1.07	1.11	1.05	1.18	1.20	1.29	1.45	1.38	1.79	2.46	1.07
37	0.86	0.86	0.99	0.93	1.01	1.04	1.08	1.12	1.05	1.19	1.21	1.30	1.46	1.39	1.80	2.47	1.08
38	0.87	0.87	1.00	0.94	1.02	1.05	1.08	1.12	1.06	1.19	1.22	1.31	1.46	1.40	1.81	2.49	1.08
39	0.87	0.87	1.01	0.94	1.03	1.05	1.09	1.13	1.07	1.20	1.23	1.32	1.48	1.41	1.83	2.51	1.09
40	0.88	0.88	1.02	0.95	1.04	1.06	1.10	1.14	1.08	1.21	1.24	1.33	1.49	1.42	1.85	2.53	1.10
41	0.89	0.89	1.03	0.96	1.05	1.08	1.11	1.16	1.09	1.23	1.25	1.35	1.51	1.44	1.87	2.56	1.11
42	0.90	0.90	1.04	0.98	1.06	1.09	1.13	1.17	1.11	1.24	1.27	1.36	1.53	1.46	1.89	2.59	1.13
43	0.92	0.92	1.06	0.99	1.08	1.11	1.14	1.19	1.12	1.26	1.29	1.38	1.55	1.48	1.92	2.63	1.14
44	0.93	0.93	1.07	1.00	1.09	1.12	1.16	1.21	1.14	1.28	1.31	1.40	1.57	1.50	1.95	2.67	1.16
45	0.94	0.94	1.09	1.02	1.11	1.14	1.18	1.23	1.16	1.30	1.33	1.43	1.60	1.52	1.98	2.71	1.18
46	0.96	0.96	1.11	1.04	1.13	1.16	1.20	1.25	1.17	1.32	1.35	1.45	1.62	1.55	2.01	2.76	1.20
47	0.98	0.98	1.13	1.06	1.15	1.18	1.22	1.27	1.20	1.35	1.37	1.48	1.65	1.58	2.05	2.81	1.22
48	1.00	1.00	1.15	1.08	1.17	1.20	1.24	1.29	1.22	1.37	1.40	1.50	1.68	1.61	2.09	2.86	1.24
49	1.02	1.02	1.17	1.10	1.19	1.23	1.27	1.32	1.24	1.40	1.43	1.53	1.72	1.64	2.13	2.92	1.27
50	1.04	1.04	1.20	1.12	1.22	1.25	1.30	1.35	1.27	1.43	1.46	1.57	1.75	1.67	2.17	2.98	1.30

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT COMPREHENSIVE \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	7.54	7.85	6.96	8.29	8.70	7.07	5.12	7.81	9.27	3.45	5.52	4.74	6.07	6.65	7.54	6.89
12	3.69	3.84	3.41	4.06	4.26	3.46	2.51	3.82	4.54	1.69	2.70	2.32	2.97	3.25	3.69	3.37
13	3.41	3.55	3.15	3.75	3.94	3.20	2.32	3.54	4.19	1.56	2.50	2.15	2.75	3.01	3.41	3.12
14	3.21	3.34	2.96	3.52	3.70	3.01	2.18	3.32	3.94	1.47	2.35	2.02	2.58	2.83	3.21	2.93
15	3.04	3.17	2.81	3.34	3.51	2.85	2.07	3.15	3.74	1.39	2.23	1.91	2.45	2.68	3.04	2.78
16	2.92	3.04	2.69	3.20	3.37	2.73	1.98	3.02	3.58	1.33	2.14	1.83	2.35	2.57	2.92	2.66
17	2.81	2.93	2.60	3.09	3.25	2.64	1.91	2.91	3.46	1.29	2.06	1.77	2.26	2.48	2.81	2.57
18	2.73	2.84	2.52	3.00	3.15	2.56	1.86	2.83	3.36	1.25	2.00	1.72	2.20	2.41	2.73	2.50
19	2.66	2.77	2.46	2.93	3.08	2.50	1.81	2.76	3.27	1.22	1.95	1.68	2.14	2.35	2.66	2.43
20	2.62	2.73	2.42	2.88	3.02	2.45	1.78	2.71	3.22	1.20	1.92	1.65	2.11	2.31	2.62	2.39
21	2.58	2.68	2.38	2.83	2.98	2.42	1.75	2.67	3.17	1.18	1.89	1.62	2.07	2.27	2.58	2.35
22	2.55	2.65	2.35	2.80	2.94	2.39	1.73	2.64	3.13	1.17	1.87	1.60	2.05	2.25	2.55	2.33
23	2.53	2.64	2.34	2.78	2.92	2.37	1.72	2.62	3.11	1.16	1.86	1.59	2.04	2.23	2.53	2.31
24	2.52	2.62	2.32	2.77	2.91	2.36	1.71	2.61	3.09	1.15	1.84	1.58	2.03	2.22	2.52	2.30
25	2.42	2.52	2.23	2.66	2.80	2.27	1.65	2.51	2.98	1.11	1.77	1.52	1.95	2.14	2.42	2.21
26	2.27	2.37	2.10	2.50	2.62	2.13	1.54	2.36	2.79	1.04	1.67	1.43	1.83	2.00	2.27	2.08
27	2.16	2.24	1.99	2.37	2.49	2.02	1.47	2.23	2.65	0.99	1.58	1.36	1.74	1.90	2.16	1.97
28	2.06	2.15	1.91	2.27	2.38	1.93	1.40	2.14	2.54	0.95	1.51	1.30	1.66	1.82	2.06	1.89
29	1.99	2.07	1.84	2.19	2.30	1.87	1.35	2.06	2.45	0.91	1.46	1.25	1.60	1.76	1.99	1.82
30	1.94	2.01	1.79	2.13	2.23	1.81	1.32	2.01	2.38	0.89	1.42	1.22	1.56	1.71	1.94	1.77
31	1.90	1.98	1.76	2.09	2.20	1.78	1.29	1.97	2.34	0.87	1.39	1.20	1.53	1.68	1.90	1.74
32	1.89	1.97	1.74	2.08	2.18	1.77	1.28	1.96	2.32	0.87	1.38	1.19	1.52	1.67	1.89	1.73
33	1.88	1.96	1.74	2.07	2.17	1.77	1.28	1.95	2.31	0.86	1.38	1.18	1.52	1.66	1.88	1.72
34	1.88	1.96	1.74	2.07	2.17	1.76	1.28	1.95	2.31	0.86	1.38	1.18	1.51	1.66	1.88	1.72
35	1.88	1.96	1.74	2.07	2.17	1.77	1.28	1.95	2.31	0.86	1.38	1.18	1.52	1.66	1.88	1.72
36	1.89	1.97	1.74	2.08	2.18	1.77	1.28	1.96	2.32	0.86	1.38	1.19	1.52	1.67	1.89	1.73
37	1.90	1.98	1.75	2.09	2.19	1.78	1.29	1.97	2.34	0.87	1.39	1.20	1.53	1.68	1.90	1.74
38	1.91	1.99	1.76	2.10	2.21	1.79	1.30	1.98	2.35	0.88	1.40	1.20	1.54	1.69	1.91	1.75
39	1.93	2.01	1.78	2.12	2.23	1.81	1.31	2.00	2.37	0.88	1.41	1.21	1.55	1.70	1.93	1.76
40	1.95	2.03	1.80	2.14	2.25	1.82	1.32	2.02	2.39	0.89	1.43	1.22	1.57	1.72	1.95	1.78
41	1.97	2.05	1.82	2.16	2.27	1.85	1.34	2.04	2.42	0.90	1.44	1.24	1.58	1.74	1.97	1.80
42	1.99	2.08	1.84	2.19	2.30	1.87	1.36	2.07	2.45	0.91	1.46	1.25	1.60	1.76	1.99	1.82
43	2.02	2.10	1.87	2.22	2.33	1.89	1.37	2.09	2.48	0.93	1.48	1.27	1.63	1.78	2.02	1.85
44	2.05	2.14	1.89	2.25	2.37	1.92	1.39	2.13	2.52	0.94	1.50	1.29	1.65	1.81	2.05	1.87
45	2.08	2.17	1.92	2.29	2.41	1.95	1.42	2.16	2.56	0.95	1.53	1.31	1.68	1.84	2.08	1.90
46	2.12	2.21	1.96	2.33	2.45	1.99	1.44	2.20	2.60	0.97	1.55	1.33	1.71	1.87	2.12	1.94
47	2.16	2.25	1.99	2.37	2.49	2.02	1.47	2.24	2.65	0.99	1.58	1.36	1.74	1.90	2.16	1.97
48	2.20	2.29	2.03	2.42	2.54	2.06	1.49	2.28	2.70	1.01	1.61	1.38	1.77	1.94	2.20	2.01
49	2.24	2.33	2.07	2.46	2.59	2.10	1.52	2.32	2.75	1.03	1.64	1.41	1.80	1.98	2.24	2.05
50	2.29	2.38	2.11	2.51	2.64	2.14	1.55	2.37	2.81	1.05	1.68	1.44	1.84	2.02	2.29	2.09

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT FIRE \$500 DEDUCTIBLE RATES PER \$100

<u>VRG</u>	<u>All Territories</u>
11	0.50
12	0.25
13	0.23
14	0.21
15	0.20
16	0.19
17	0.19
18	0.18
19	0.18
20	0.17
21	0.17
22	0.17
23	0.17
24	0.17
25	0.16
26	0.15
27	0.14
28	0.14
29	0.13
30	0.13
31	0.13
32	0.13
33	0.13
34	0.13
35	0.13
36	0.13
37	0.13
38	0.13
39	0.13
40	0.13
41	0.13
42	0.13
43	0.13
44	0.14
45	0.14
46	0.14
47	0.14
48	0.15
49	0.15
50	0.15

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT THEFT \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
11	1.89	1.89	2.26	2.08	2.31	2.39	2.49	2.60	2.42	2.79	2.86	3.11	3.54	3.35	4.51	6.37	2.49
12	0.92	0.92	1.11	1.02	1.13	1.17	1.22	1.27	1.19	1.37	1.40	1.52	1.73	1.64	2.21	3.12	1.22
13	0.86	0.86	1.02	0.94	1.05	1.08	1.13	1.18	1.10	1.26	1.29	1.41	1.60	1.52	2.04	2.88	1.13
14	0.80	0.80	0.96	0.88	0.98	1.01	1.06	1.11	1.03	1.19	1.21	1.32	1.51	1.43	1.92	2.71	1.06
15	0.76	0.76	0.91	0.84	0.93	0.96	1.00	1.05	0.98	1.13	1.15	1.26	1.43	1.35	1.82	2.57	1.00
16	0.73	0.73	0.87	0.80	0.89	0.92	0.96	1.01	0.94	1.08	1.10	1.20	1.37	1.30	1.74	2.46	0.96
17	0.70	0.70	0.84	0.78	0.86	0.89	0.93	0.97	0.90	1.04	1.07	1.16	1.32	1.25	1.68	2.37	0.93
18	0.68	0.68	0.82	0.75	0.84	0.86	0.90	0.94	0.88	1.01	1.04	1.13	1.28	1.22	1.63	2.31	0.90
19	0.67	0.67	0.80	0.74	0.82	0.84	0.88	0.92	0.86	0.99	1.01	1.10	1.25	1.18	1.59	2.25	0.88
20	0.66	0.66	0.78	0.72	0.80	0.83	0.86	0.90	0.84	0.97	0.99	1.08	1.23	1.16	1.57	2.21	0.86
21	0.65	0.65	0.77	0.71	0.79	0.82	0.85	0.89	0.83	0.95	0.98	1.06	1.21	1.15	1.54	2.18	0.85
22	0.64	0.64	0.76	0.70	0.78	0.81	0.84	0.88	0.82	0.94	0.97	1.05	1.20	1.13	1.52	2.15	0.84
23	0.63	0.63	0.76	0.70	0.78	0.80	0.84	0.87	0.81	0.94	0.96	1.04	1.19	1.13	1.51	2.14	0.84
24	0.63	0.63	0.75	0.69	0.77	0.80	0.83	0.87	0.81	0.93	0.95	1.04	1.18	1.12	1.51	2.13	0.83
25	0.61	0.61	0.73	0.67	0.74	0.77	0.80	0.84	0.78	0.90	0.92	1.00	1.14	1.08	1.45	2.04	0.80
26	0.57	0.57	0.68	0.63	0.70	0.72	0.75	0.78	0.73	0.84	0.86	0.94	1.07	1.01	1.36	1.92	0.75
27	0.54	0.54	0.65	0.60	0.66	0.68	0.71	0.74	0.69	0.80	0.82	0.89	1.01	0.96	1.29	1.82	0.71
28	0.52	0.52	0.62	0.57	0.63	0.65	0.68	0.71	0.66	0.76	0.78	0.85	0.97	0.92	1.23	1.74	0.68
29	0.50	0.50	0.60	0.55	0.61	0.63	0.66	0.69	0.64	0.74	0.75	0.82	0.94	0.89	1.19	1.68	0.66
30	0.49	0.49	0.58	0.53	0.59	0.61	0.64	0.67	0.62	0.72	0.73	0.80	0.91	0.86	1.16	1.63	0.64
31	0.48	0.48	0.57	0.52	0.58	0.60	0.63	0.66	0.61	0.70	0.72	0.78	0.89	0.85	1.14	1.61	0.63
32	0.47	0.47	0.57	0.52	0.58	0.60	0.62	0.65	0.61	0.70	0.72	0.78	0.89	0.84	1.13	1.60	0.62
33	0.47	0.47	0.56	0.52	0.58	0.60	0.62	0.65	0.61	0.70	0.71	0.78	0.88	0.84	1.13	1.59	0.62
34	0.47	0.47	0.56	0.52	0.58	0.60	0.62	0.65	0.60	0.70	0.71	0.78	0.88	0.84	1.13	1.59	0.62
35	0.47	0.47	0.56	0.52	0.58	0.60	0.62	0.65	0.61	0.70	0.71	0.78	0.89	0.84	1.13	1.59	0.62
36	0.47	0.47	0.57	0.52	0.58	0.60	0.62	0.65	0.61	0.70	0.72	0.78	0.89	0.84	1.13	1.60	0.62
37	0.48	0.48	0.57	0.52	0.58	0.60	0.63	0.66	0.61	0.70	0.72	0.78	0.89	0.84	1.14	1.60	0.63
38	0.48	0.48	0.57	0.53	0.59	0.60	0.63	0.66	0.61	0.71	0.72	0.79	0.90	0.85	1.14	1.61	0.63
39	0.48	0.48	0.58	0.53	0.59	0.61	0.64	0.67	0.62	0.71	0.73	0.80	0.91	0.86	1.15	1.63	0.64
40	0.49	0.49	0.58	0.54	0.60	0.62	0.64	0.67	0.63	0.72	0.74	0.80	0.91	0.87	1.16	1.64	0.64
41	0.49	0.49	0.59	0.54	0.60	0.62	0.65	0.68	0.63	0.73	0.75	0.81	0.93	0.88	1.18	1.66	0.65
42	0.50	0.50	0.60	0.55	0.61	0.63	0.66	0.69	0.64	0.74	0.76	0.82	0.94	0.89	1.19	1.68	0.66
43	0.51	0.51	0.61	0.56	0.62	0.64	0.67	0.70	0.65	0.75	0.77	0.83	0.95	0.90	1.21	1.71	0.67
44	0.51	0.51	0.61	0.57	0.63	0.65	0.68	0.71	0.66	0.76	0.78	0.85	0.96	0.91	1.23	1.73	0.68
45	0.52	0.52	0.62	0.58	0.64	0.66	0.69	0.72	0.67	0.77	0.79	0.86	0.98	0.93	1.25	1.76	0.69
46	0.53	0.53	0.63	0.58	0.65	0.67	0.70	0.73	0.68	0.79	0.80	0.87	1.00	0.94	1.27	1.79	0.70
47	0.54	0.54	0.65	0.60	0.66	0.68	0.71	0.74	0.69	0.80	0.82	0.89	1.01	0.96	1.29	1.82	0.71
48	0.55	0.55	0.66	0.61	0.67	0.70	0.73	0.76	0.71	0.81	0.83	0.91	1.03	0.98	1.31	1.86	0.73
49	0.56	0.56	0.67	0.62	0.69	0.71	0.74	0.77	0.72	0.83	0.85	0.92	1.05	1.00	1.34	1.89	0.74
50	0.57	0.57	0.69	0.63	0.70	0.72	0.75	0.79	0.74	0.85	0.87	0.94	1.08	1.02	1.37	1.93	0.75

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT THEFT \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	4.78	4.99	4.37	5.30	5.59	4.45	3.09	4.97	5.99	1.92	3.37	2.82	3.75	4.15	4.78	4.32
12	2.34	2.44	2.14	2.59	2.74	2.18	1.51	2.43	2.93	0.94	1.65	1.38	1.83	2.03	2.34	2.11
13	2.16	2.26	1.98	2.40	2.53	2.01	1.40	2.25	2.71	0.87	1.52	1.28	1.70	1.88	2.16	1.95
14	2.03	2.12	1.86	2.25	2.38	1.89	1.31	2.11	2.55	0.81	1.43	1.20	1.59	1.77	2.03	1.84
15	1.93	2.02	1.76	2.14	2.26	1.79	1.25	2.01	2.42	0.77	1.36	1.14	1.51	1.68	1.93	1.74
16	1.85	1.93	1.69	2.05	2.16	1.72	1.19	1.92	2.31	0.74	1.30	1.09	1.45	1.61	1.85	1.67
17	1.78	1.86	1.63	1.98	2.09	1.66	1.15	1.85	2.23	0.71	1.25	1.05	1.40	1.55	1.78	1.61
18	1.73	1.81	1.58	1.92	2.03	1.61	1.12	1.80	2.17	0.69	1.22	1.02	1.36	1.51	1.73	1.57
19	1.69	1.76	1.54	1.87	1.98	1.57	1.09	1.76	2.12	0.68	1.19	1.00	1.32	1.47	1.69	1.53
20	1.66	1.73	1.52	1.84	1.94	1.54	1.07	1.73	2.08	0.67	1.17	0.98	1.30	1.44	1.66	1.50
21	1.63	1.71	1.49	1.81	1.91	1.52	1.05	1.70	2.05	0.65	1.15	0.96	1.28	1.42	1.63	1.48
22	1.62	1.69	1.48	1.79	1.89	1.50	1.04	1.68	2.02	0.65	1.14	0.95	1.27	1.40	1.62	1.46
23	1.60	1.68	1.47	1.78	1.88	1.49	1.04	1.67	2.01	0.64	1.13	0.95	1.26	1.40	1.60	1.45
24	1.59	1.67	1.46	1.77	1.87	1.48	1.03	1.66	2.00	0.64	1.12	0.94	1.25	1.39	1.59	1.44
25	1.53	1.60	1.40	1.70	1.80	1.43	0.99	1.60	1.92	0.62	1.08	0.91	1.20	1.33	1.53	1.39
26	1.44	1.51	1.32	1.60	1.69	1.34	0.93	1.50	1.80	0.58	1.01	0.85	1.13	1.25	1.44	1.30
27	1.37	1.43	1.25	1.52	1.60	1.27	0.88	1.42	1.71	0.55	0.96	0.81	1.07	1.19	1.37	1.24
28	1.31	1.37	1.20	1.45	1.53	1.22	0.84	1.36	1.64	0.52	0.92	0.77	1.03	1.14	1.31	1.18
29	1.26	1.32	1.15	1.40	1.48	1.17	0.82	1.31	1.58	0.51	0.89	0.74	0.99	1.10	1.26	1.14
30	1.23	1.28	1.12	1.36	1.44	1.14	0.79	1.28	1.54	0.49	0.86	0.72	0.96	1.07	1.23	1.11
31	1.21	1.26	1.10	1.34	1.41	1.12	0.78	1.25	1.51	0.48	0.85	0.71	0.95	1.05	1.21	1.09
32	1.20	1.25	1.10	1.33	1.40	1.11	0.77	1.25	1.50	0.48	0.84	0.71	0.94	1.04	1.20	1.08
33	1.19	1.25	1.09	1.32	1.40	1.11	0.77	1.24	1.49	0.48	0.84	0.70	0.94	1.04	1.19	1.08
34	1.19	1.25	1.09	1.32	1.39	1.11	0.77	1.24	1.49	0.48	0.84	0.70	0.93	1.04	1.19	1.08
35	1.19	1.25	1.09	1.32	1.40	1.11	0.77	1.24	1.50	0.48	0.84	0.70	0.94	1.04	1.19	1.08
36	1.20	1.25	1.09	1.33	1.40	1.11	0.77	1.24	1.50	0.48	0.84	0.71	0.94	1.04	1.20	1.08
37	1.20	1.26	1.10	1.34	1.41	1.12	0.78	1.25	1.51	0.48	0.85	0.71	0.94	1.05	1.20	1.09
38	1.21	1.27	1.11	1.34	1.42	1.13	0.78	1.26	1.52	0.49	0.85	0.71	0.95	1.05	1.21	1.09
39	1.22	1.28	1.12	1.35	1.43	1.14	0.79	1.27	1.53	0.49	0.86	0.72	0.96	1.06	1.22	1.10
40	1.23	1.29	1.13	1.37	1.44	1.15	0.80	1.28	1.55	0.49	0.87	0.73	0.97	1.07	1.23	1.12
41	1.25	1.30	1.14	1.38	1.46	1.16	0.81	1.30	1.56	0.50	0.88	0.74	0.98	1.08	1.25	1.13
42	1.26	1.32	1.16	1.40	1.48	1.18	0.82	1.31	1.58	0.51	0.89	0.75	0.99	1.10	1.26	1.14
43	1.28	1.34	1.17	1.42	1.50	1.19	0.83	1.33	1.60	0.51	0.90	0.76	1.00	1.11	1.28	1.16
44	1.30	1.36	1.19	1.44	1.52	1.21	0.84	1.35	1.63	0.52	0.92	0.77	1.02	1.13	1.30	1.18
45	1.32	1.38	1.21	1.46	1.55	1.23	0.85	1.37	1.65	0.53	0.93	0.78	1.04	1.15	1.32	1.19
46	1.34	1.40	1.23	1.49	1.57	1.25	0.87	1.40	1.68	0.54	0.95	0.79	1.05	1.17	1.34	1.21
47	1.37	1.43	1.25	1.52	1.60	1.27	0.88	1.42	1.71	0.55	0.96	0.81	1.07	1.19	1.37	1.24
48	1.39	1.46	1.27	1.54	1.63	1.30	0.90	1.45	1.74	0.56	0.98	0.82	1.09	1.21	1.39	1.26
49	1.42	1.48	1.30	1.58	1.66	1.32	0.92	1.48	1.78	0.57	1.00	0.84	1.11	1.23	1.42	1.28
50	1.45	1.52	1.33	1.61	1.70	1.35	0.94	1.51	1.82	0.58	1.02	0.86	1.14	1.26	1.45	1.31